

Abstracts

A119

cross-sectional analysis of 2005–2006 MEPS data involving children. Functional impairment was ascertained using the mean summated scores (range 0–52) of the parent-reported Columbia Impairment scale (CIS). Psychometric properties of the CIS were evaluated for the study sample. The Wilson and Cleary Model was used to examine the factors associated with functional impairment in children and adolescents. The primary independent variable of interest was depression. Multivariate linear regression involving the SURVEYREG procedure was applied to the study sample to identify the predictors of functional impairment in children and adolescents. **RESULTS:** Analysis of the CIS revealed that Cronbach's alpha of the parent-reported CIS was 0.90 with item-to-total correlations ranging from 0.51 to 0.77. The mean summated CIS score of children and adolescents with depression (CIS, 19.88) was higher than those without depression (CIS, 6.09). Multivariate linear regression revealed that the interaction between age and depression was significant and therefore stratified regression analysis was performed by age. In both age groups, the diagnosis of depression was strongly associated with functional impairment (+7 units in ages 5–11 years, +11 units in ages 12–17 years). The presence of developmental, respiratory tract, attention deficit, and anxiety disorders also increased functional impairment in children and adolescents. Family factors such as parents' psychiatric illness, their highest education level and family living arrangement further contributed to impairment in children. **CONCLUSIONS:** Functional impairment is significant in pediatric depression and understanding of personal and family factors can play an important role in the assessment, management and treatment of depression.

MENTAL HEALTH – Health Care Use & Policy Studies

PMH77

THE RELIABILITY AND VALIDITY OF THE CLEAR THINKING SCALE (CTS) AMONG PATIENTS DIAGNOSED WITH SCHIZOPHRENIA
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OBJECTIVES: Previous research has demonstrated that clear thinking is relevant to patients diagnosed with schizophrenia. We tested the reliability and validity of an experimental clear thinking scale (CTS) among a sample of outpatients diagnosed with schizophrenia. The CTS measures functioning across four sub-domains: staying organized (SO); making sense of the world (MS); feeling clear headed (CH); and expressing thoughts and feelings (TF). **METHODS:** Following item generation and reduction, cognitive interview were used to refine the survey instrument. The scale was then fielded to a sample of outpatients diagnosed with schizophrenia. The reliability and validity of the CTS and its four sub-domains was assessed using the Cronbach's alpha and comparison to the Clyde mood scale (CMS) construct of "clear thinking". **RESULTS:** Cognitive interviews (n = 12) identified several items that patients had difficulty understanding, which were subsequently removed or reworded. We also found that all items needed to be unidirectional and measuring deficits (i.e., while clear thinking is a positive construct, patients related to it best in its absence). A sample of 51 outpatients diagnosed with schizophrenia (66% male; average age = 49 y; average time since diagnosis = 22 y) completed the survey (only one respondent was unable to complete the survey. Cronbach's alphas for all constructs were good: .77 (SO), .79 (MS), .79 (CH), and .83 (TF), and was excellent for the overall scale (.93). All constructs were positively correlated with CMS clear thinking construct, which had a Cronbach's alpha of .8, but these correlations were significant only for TF (p = 0.002) and the overall scale (p = 0.02). **CONCLUSIONS:** Findings indicate that clear thinking can be reliably and validly described over four domains that are relevant to patients diagnosed with schizophrenia. Future research will focus on further refining the CTS, comparing it with other scales of functioning and disease symptoms and assessing its sensitivity to changes.

PMH78

ANALYSIS OF ADOLESCENT PATIENTS WITH NON-DEPRESSIVE NEUROSES IN COMPARISON TO THE GENERAL INPATIENT GROUP
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OBJECTIVES: To analyze a variety of variables for DRG 427, non-depressive neuroses, in comparison to the control group to determine any trends or discrepancies. **METHODS:** The data were taken from the Kids' Inpatient Database (KID) from year 2007. This database describes hospital inpatient stays for children. To create a control group for comparison, a random sample of 8201 patients with DRG codes other than 427 was taken. The control group combined with the experimental group, DRG code 427, gives a total of 16,402 entries to examine. **RESULTS:** The diagnosis of non-depressive neuroses was found to be much more prevalent in females than males. While the general inpatient group was only 47% female, the specific DRG group was 57% female. Kernel density estimations revealed that the specific DRG group on average had shorter lengths of stay and lower total charges than the general inpatient group. A logistic regression performed showed that patient demographics and severity levels are all significant in predicting whether a patient will be classified as general inpatient group or specific DRG group. Linear regressions also showed that both the APRDRG and Disease Staging Resource Demand severity indices are significant in predicting a patient's total charges and length of stay. A linear regression using the top 10 diagnosis and procedure codes to predict length of stay showed that these

variables predict very little of the variability. **CONCLUSIONS:** From the initial statistical analyses, it is evident that the experimental group had more females than males and on average showed shorter lengths of stay and charges than the control group. Also, severity levels proved to be consistently significant in predicting the control, length of stay, and total charges while patient demographics and diagnosis and procedure codes were only significant in some models.

PMH79

STATISTICAL ANALYSIS OF DIAGNOSIS RELATED GROUP 521: ALCOHOL/DRUG ABUSE OR DEPENDENCE WITH COMPLICATIONS AND COMORBIDITIES

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OBJECTIVES: To conduct exploratory data analysis on DRG 521: alcohol/drug abuse or dependence with complications and comorbidities. Comparing DRG 521 to a control group will provide insights into statistical trends relating to this particular diagnosis. **METHODS:** The data used for this statistical analysis were obtained from The Kids' Inpatient Database (KID) from 2007. KID is a national database containing information on hospital inpatient stays for children twenty years old and younger. In this database, there are 1,447 cases of DRG 521. For comparison purposes, a random sample equal in size was drawn from all DRG codes other than DRG 521. The statistical software, SAS, is used to analyze this data set. **RESULTS:** Initial statistical analyses have shown a greater proportion of whites in the experimental group (DRG 521), 72%, compared to the control group with 61%. The overwhelming majority of the experimental group is in the higher age range of fifteen to twenty years old, compared to the control group which has a uniform distribution across all ages. In addition, the experimental group contains a higher proportion of males, 55.8%, compared to the control group, 52%. **CONCLUSIONS:** Previous research has indicated that when individuals have comorbid conditions including drug/alcohol dependence and mental illnesses, males are more likely to be treated and seek treatment for substance dependence whereas females are more likely to seek treatment for mental illnesses. This information could explain why more males are present in the experimental group, compared to the control group. In addition, adolescence and young adults are more likely to engage in risky behavior, which would explain the concentration of older individuals in the experimental group.

PMH80

THE ASSOCIATION BETWEEN TYPE OF ANTIPSYCHOTIC AND RATES OF HOSPITALIZATION AMONG MEDICARE BENEFICIARIES

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OBJECTIVES: The objective of this study is to compare rates of hospitalization among patients receiving different classes of antipsychotics (SGAs, FGAs, both, or none) in a large, all-ages sample of both institutionalized and noninstitutionalized Medicare beneficiaries. **METHODS:** We examined the 2005 Medicare Current Beneficiary Survey (MCBS) Cost and Use file Prescription Drug Event (PDE) module for 11,236 survey participants. Antipsychotic utilization was characterized in terms of class: FGA (chlorpromazine, fluphenazine, haloperidol, loxapine, perphenazine, thiorixene, thioridazine, and trifluoperazine) or SGA (aripiprazole, clozapine, olanzapine, quetiapine, risperidone, and ziprasidone). Hospitalization was defined in terms of whether a Medicare beneficiary was admitted to the hospital for any reason in 2005, and the number of hospital visits. **RESULTS:** About 3.5% of Medicare beneficiaries (1.3 million) filled one or more prescriptions for an antipsychotic medication in 2005. Rates of all-cause hospitalization among Medicare beneficiaries were significantly higher for SGA users than for FGA users: 38.9% of those who used only SGAs compared to 31.0% of FGA-only users. Patients prescribed both FGAs and SGAs had the highest rate of hospitalization (60.7%), compared to 21.3% of nonusers. Controlling for demographic, socioeconomic, health, and disability variables, SGA users were over twice as likely (odds ratio, 2.2; 95% CI, 1.17–2.9), and combination users were over six times as likely (odds ratio, 6.3; 95% CI, 2.4–16.2) as nonusers to be hospitalized. The odds of FGA users being hospitalized were not significantly different from nonusers (odds ratio, 1.4; 95% CI, 0.7–2.8). **CONCLUSIONS:** This analysis offers provocative, but by no means conclusive evidence that SGAs as a class are not necessarily superior to FGAs in mitigating patient's use of hospital services. Systematic analysis of this relationship with a longitudinal sample of Medicare beneficiaries is warranted.

PMH81

ANTIPSYCHOTIC USE IN SENIORS: AN ANALYSIS FOCUSING ON DRUG CLAIMS FROM 2001 TO 2007

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OBJECTIVES: The majority of antipsychotic use in the elderly is to treat behavioural and psychological symptoms of dementia. New information on the safety of antipsychotics in the elderly was released between 2000 and 2005. This analysis provides insight into antipsychotic use among seniors during this time period. **METHODS:** Claims level data from the National Prescription Drug Utilization Information System (NPDUIS) Database were analyzed for seniors on public drug programs in six Canadian provinces between 2001–2002 and 2006–2007. This analysis looked at trends in antipsychotic use, including use by age and sex. Additional analyses focused on atypi-